MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH , 1. PLACE OF DEATH ⁷83 Registration District No...... County File No..... Primary Registration District N Registered No ... (a) Residence, No... [O. O.Ward. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., If of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) (LLL G CERTIFY, That attended decensed from **5A. IF MARRIED, WIDOWED, OR DIVORCED**, 19....., to......, 19....., 19..... **HUSBAND OF** (OR) WIFE OF I last saw h...... alive on Death is said to have occurred on the date stated above, at. Z ... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) CLUC AYS The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 MONTHS day,hrs. Date of onset ormin. 8. Trade, profession, or particular kind of work done, as spinner, ATIÓN sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation. y item of information so DEATH in plain terms, 14. BIRTHBLACE (CITY OR TOWN) What test confirmed diagnosis?.... Was there an autopsy?... (STATE OR COUNTRY) 23. If death was due to external causes, (violence), fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide? Them Variation Date of injury 8/30, 19 83 Where did injury occur?..... (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN).. (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT MUS. (ADDRESS) Manner of injury. 18. BURIAL, CAREMATION, OR REMOVA Nature of injury If so, specify. 19. UNDERTAKER mider (ADDRESS) (Sizned) Registrar.

